

FIG. 1

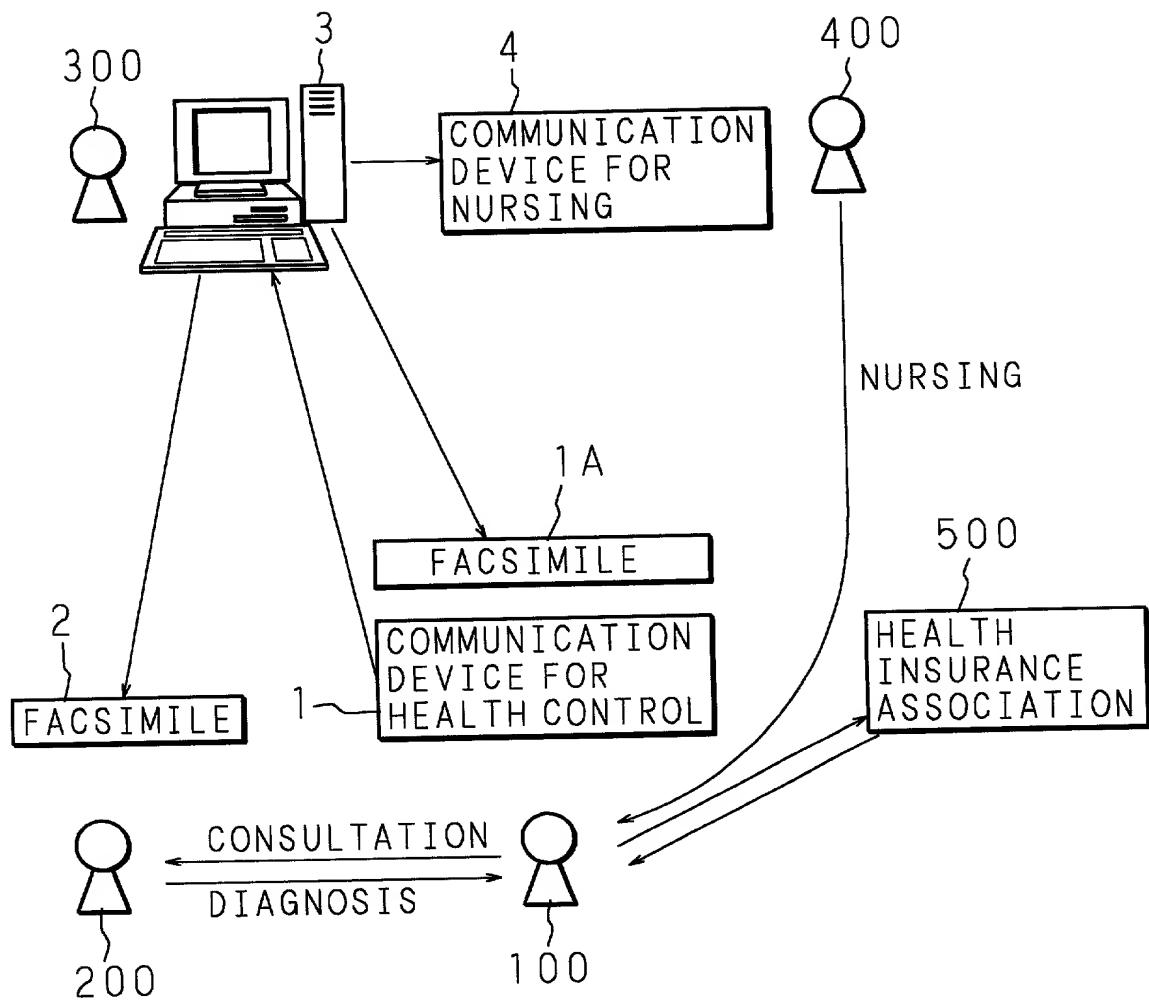


FIG. 2

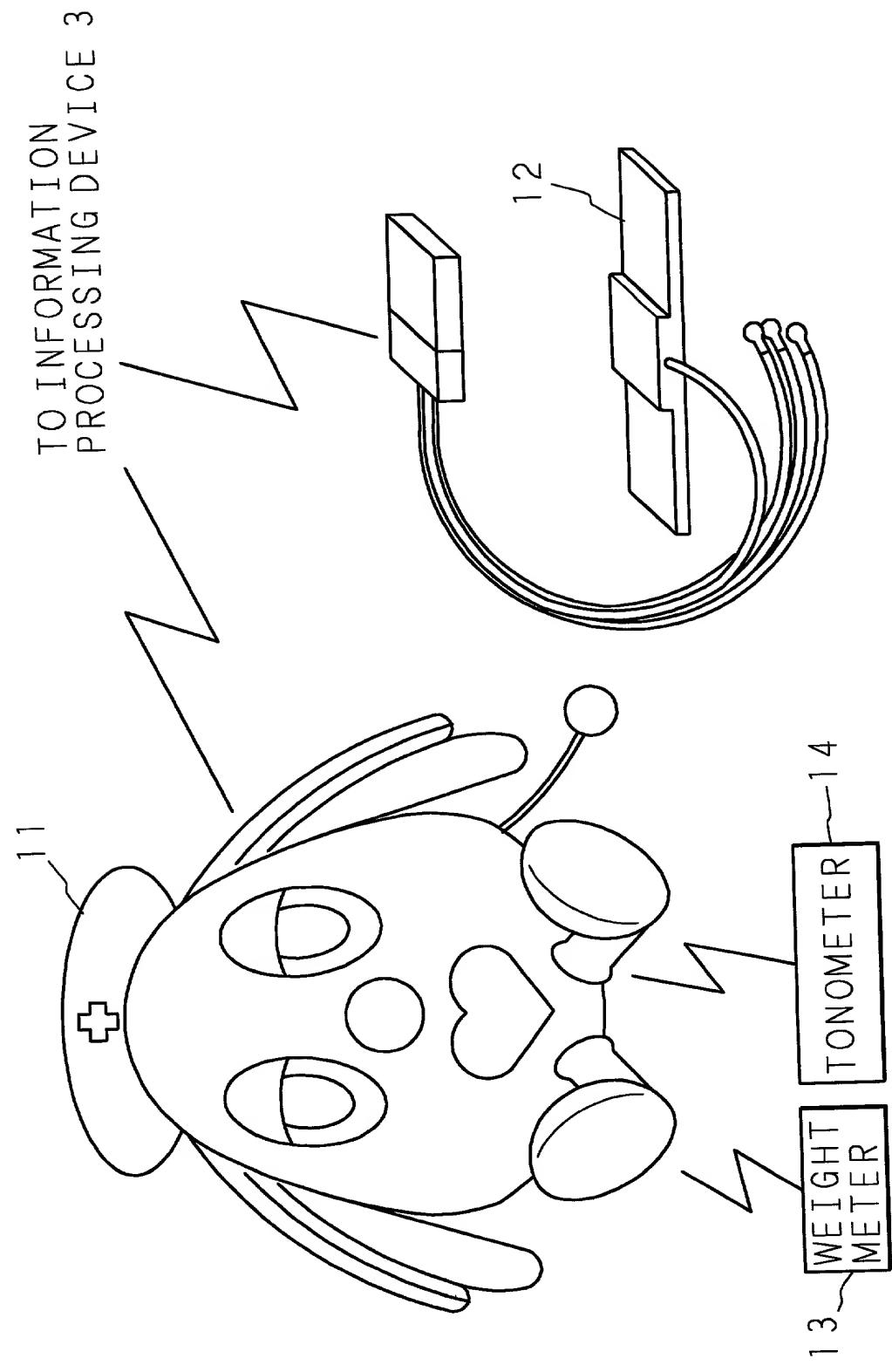


FIG. 3

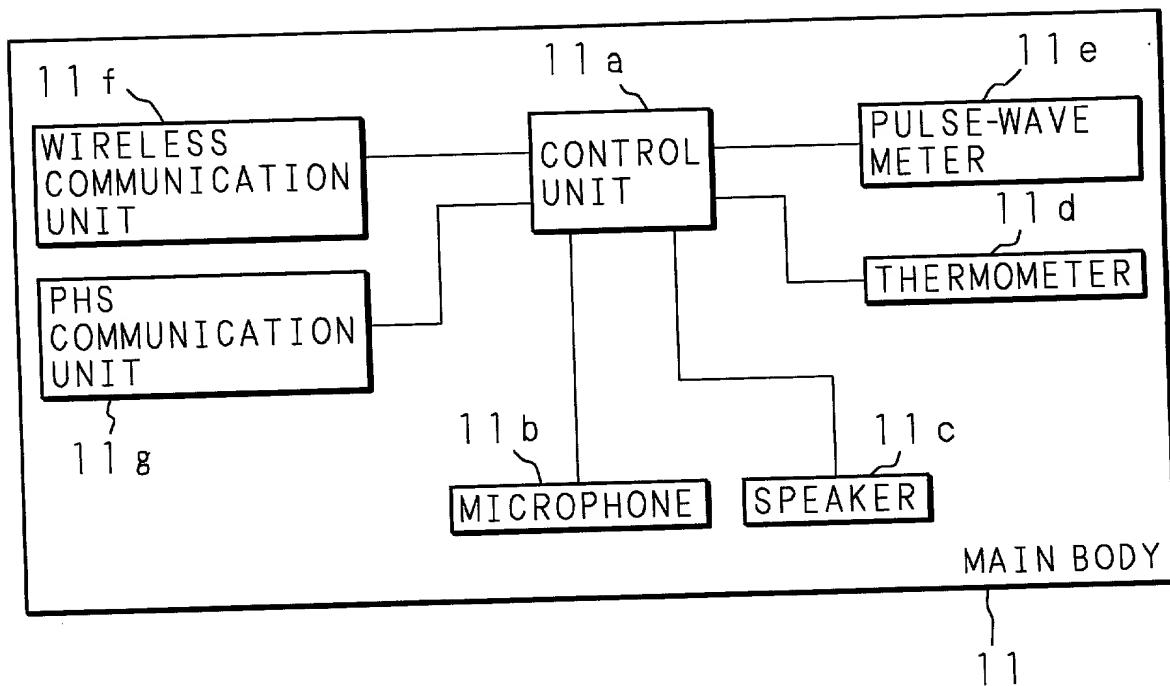


FIG. 4

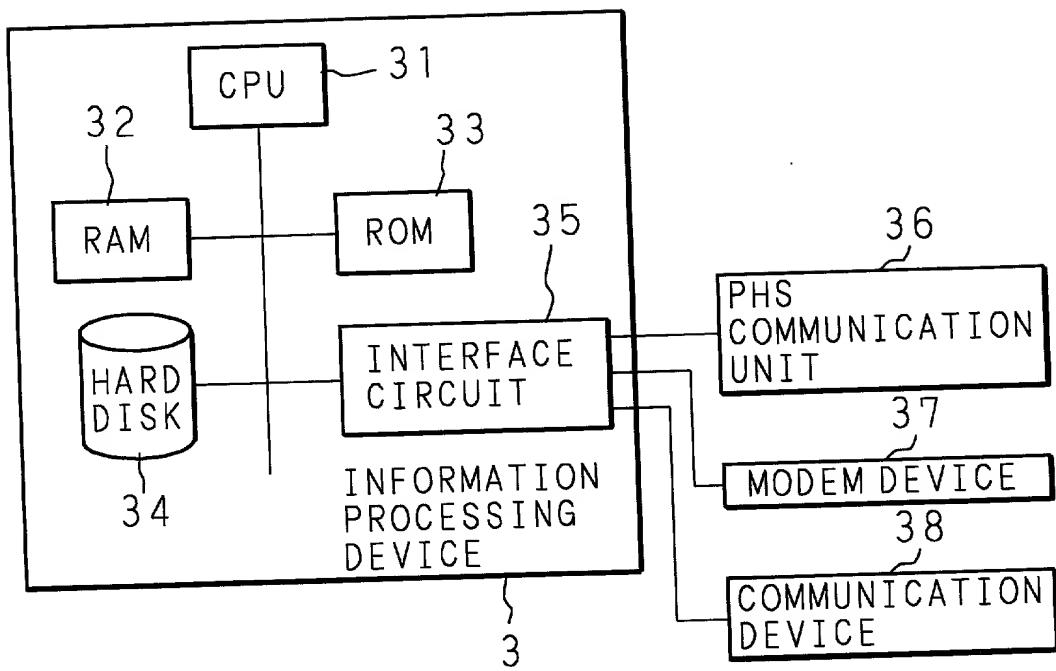


FIG. 5 { COMMUNICATION DEVICE
FOR HEALTH CONTROL 1 }

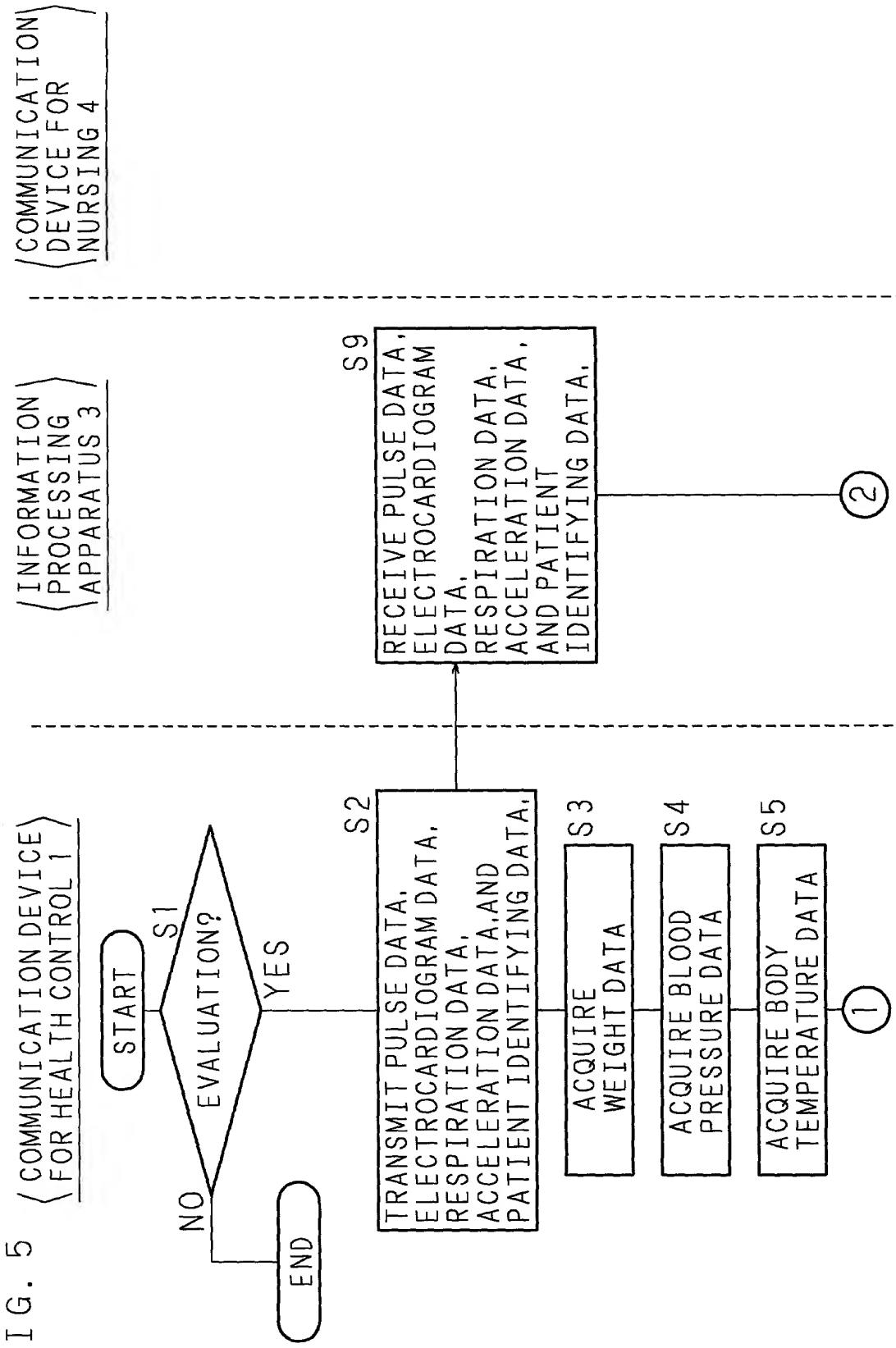


FIG. 6 { COMMUNICATION DEVICE
FOR HEALTH CONTROL 1 }

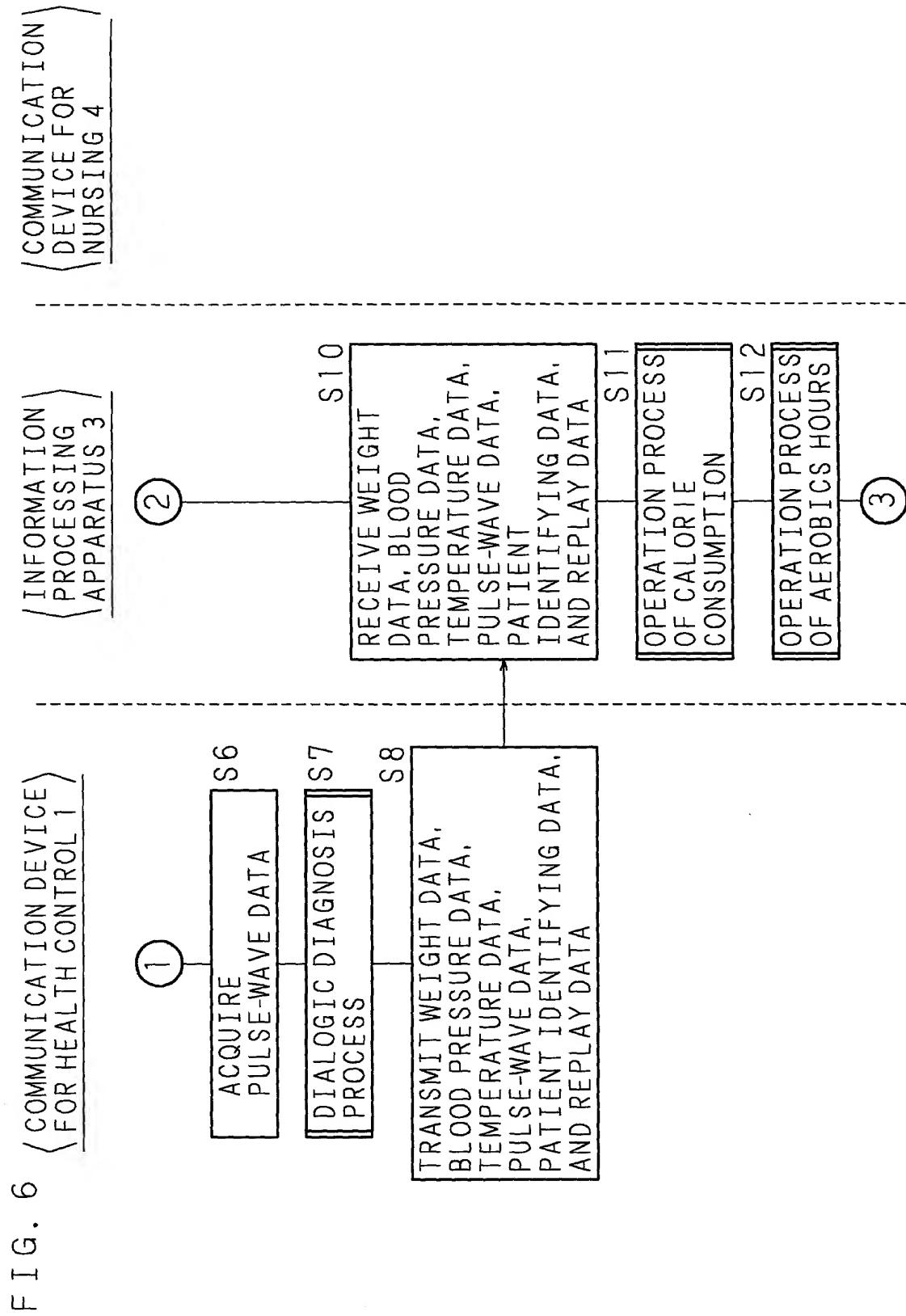
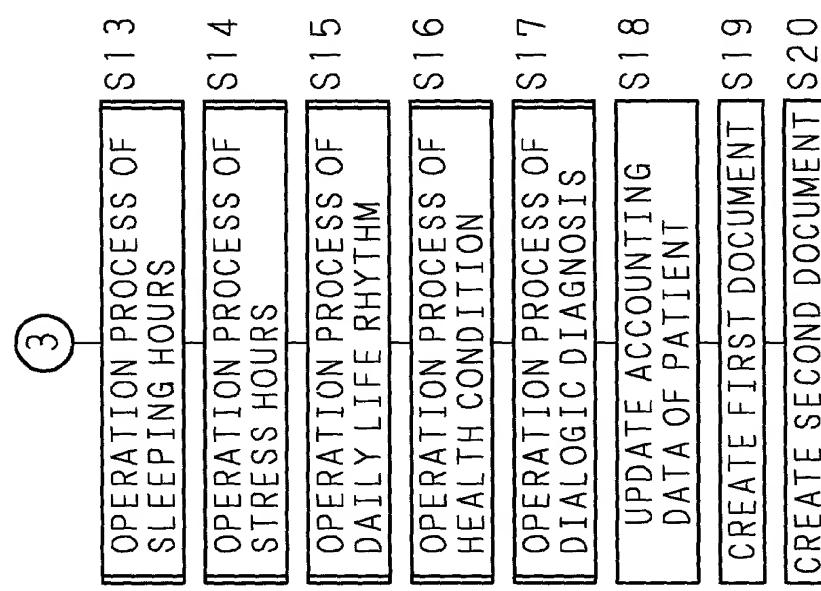


FIG. 7
COMMUNICATION
DEVICE
FOR HEALTH
CONTROL 1

INFORMATION
PROCESSING
APPARATUS 3

COMMUNICATION
DEVICE FOR
NURSING 4



3

4

FIG. 8 COMMUNICATION
DEVICE
FOR HEALTH
CONTROL 1

INFORMATION
PROCESSING
APPARATUS 3

COMMUNICATION
DEVICE FOR
NURSING 4

4

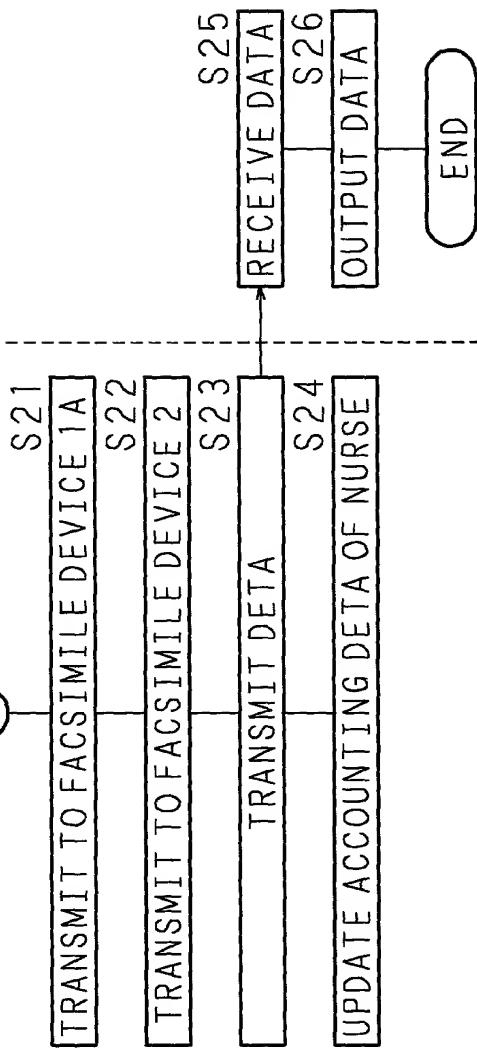


FIG. 9

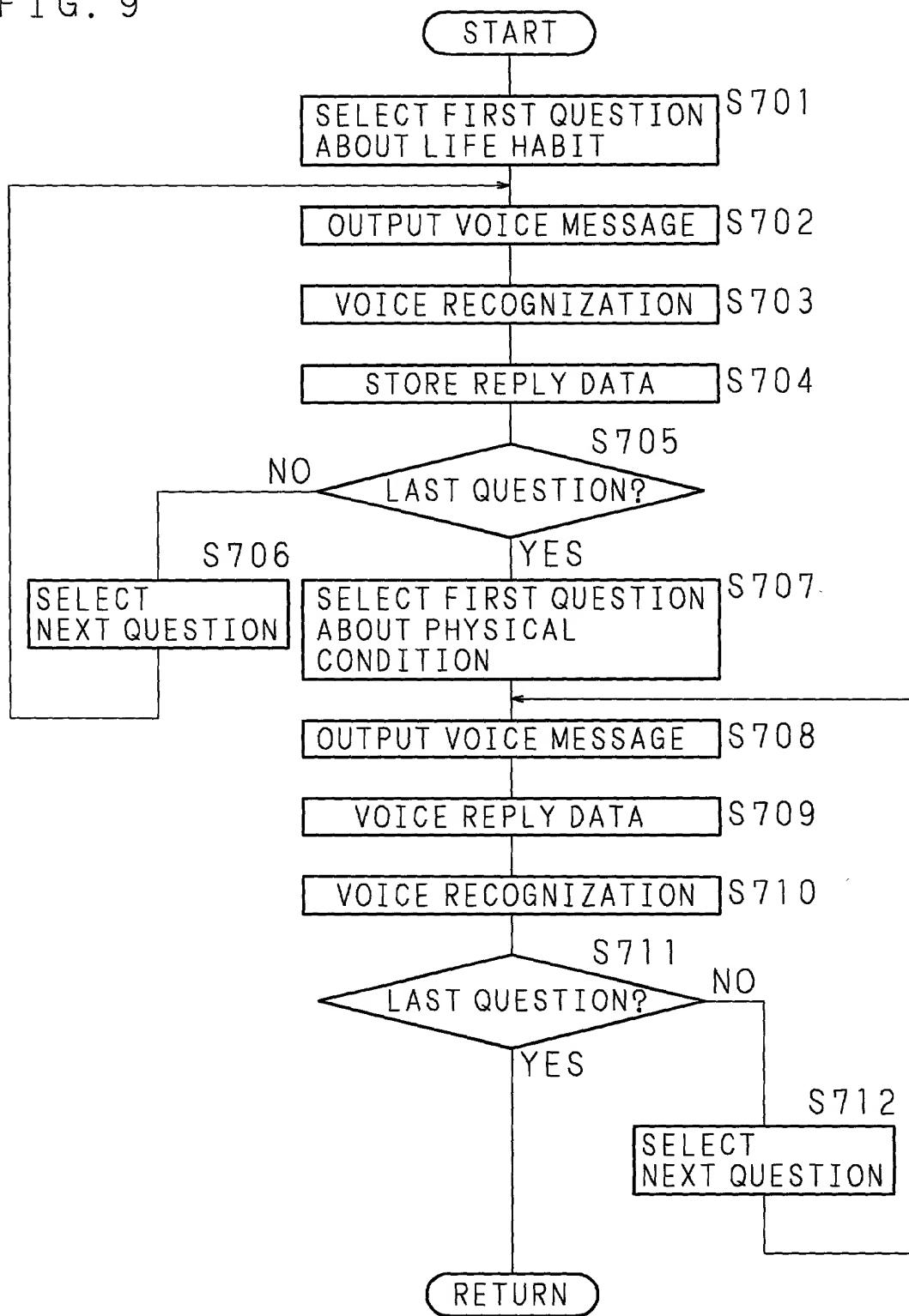


FIG. 10

QUESTION ABOUT LIFE HABIT	ANSWER IN UNHEALTHY STATE
1. DO YOU KEEP EARLY HOURS?	NO
2. DO YOU LIKE EXERCISE?	NO
3. DO YOU HAVE LIKES AND DISLIKES IN FOOD?	YES
4. DO YOU HAVE THREE MEALS A DAY?	NO
5. ARE YOU A NON-SMOKER?	NO
6. DO YOU HAVE STANDARD PROPORTIONS?	NO
7. DO YOU THINK YOU ARE TIDY?	NO
8. DO YOU LIKE VEGETABLES?	NO
9. DO YOU LIKE WALKING?	NO
10. DO YOU DRINK ALCOHOL A LOT?	YES

FIG. 11

QUESTION ABOUT PHYSICAL CONDITION	ANSWER IN UNHEALTHY STATE
1. DO YOU FEEL TIRED?	YES
2. DO YOU HAVE A HEADACHE?	YES
3. DO YOU SLEEP WELL?	NO
4. DO YOU HAVE ANY WORRIES?	YES
5. DO YOU FEEL COLD?	YES
6. ARE YOUR EYES BLURRED?	YES
7. DO YOU OFTEN SNEEZE?	YES
8. DO YOU COUGH A LOT?	YES
9. DO YOU SOMETIMES FEEL SUFFOCATED?	YES
10. DO YOU FEEL STRESS?	YES

FIG. 12

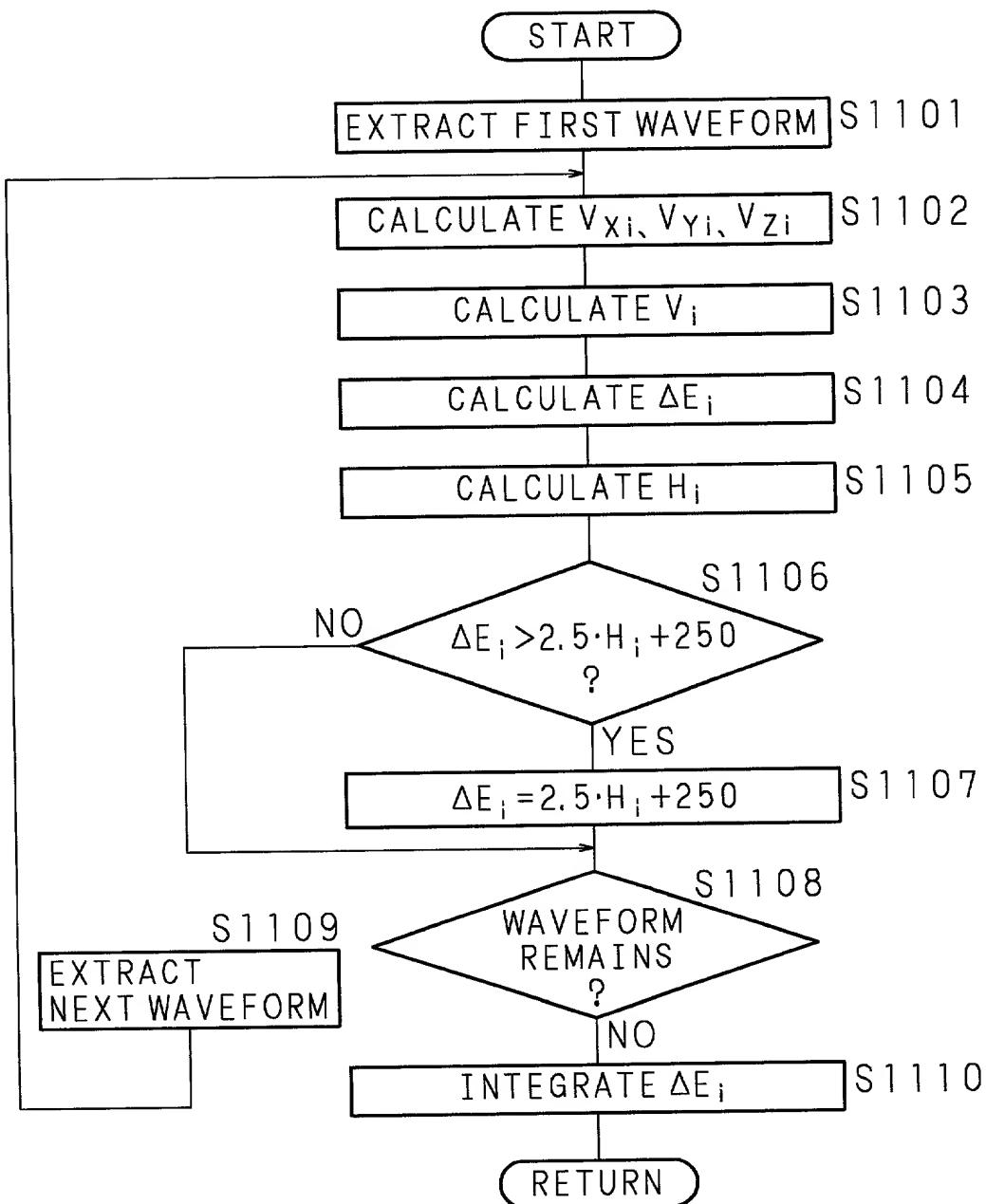


FIG. 13

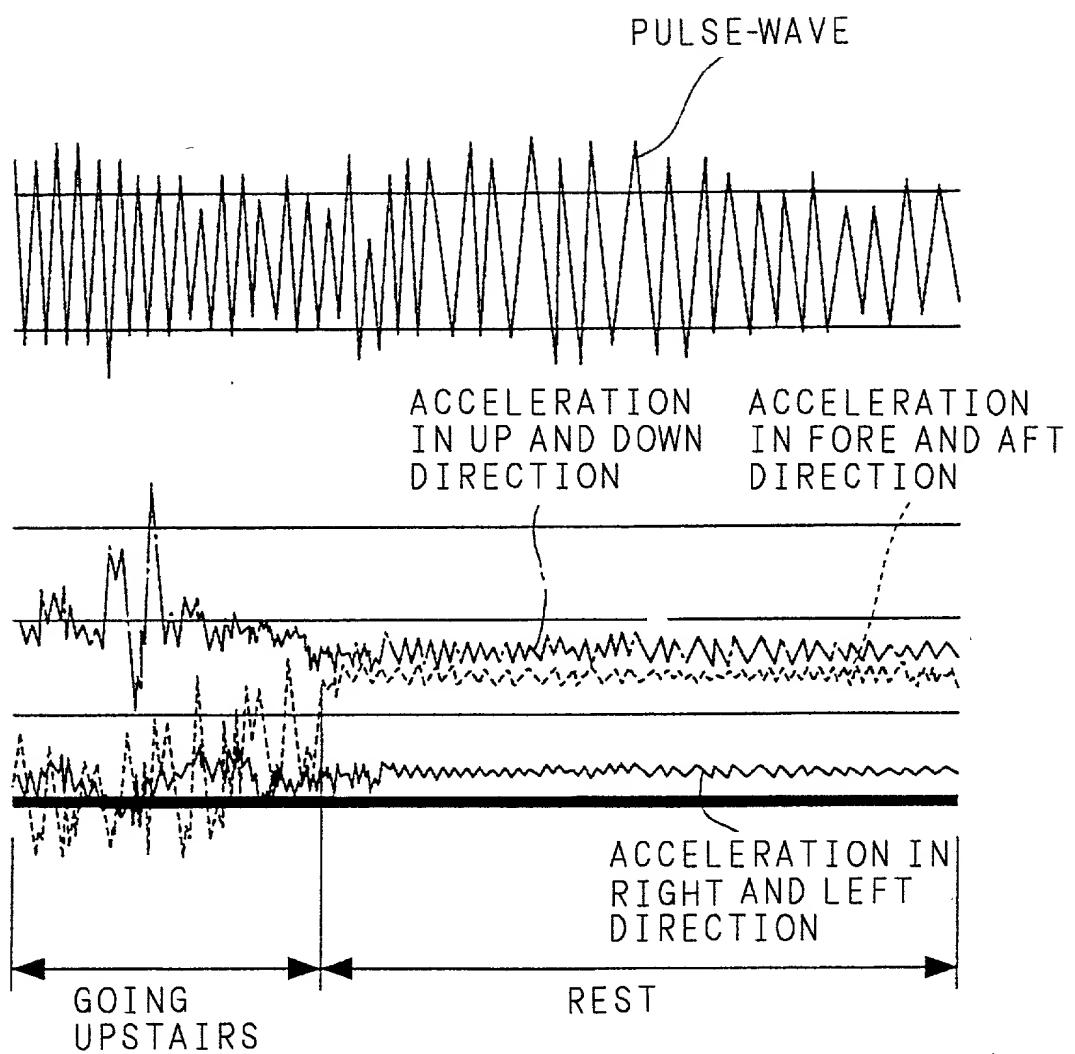


FIG. 14

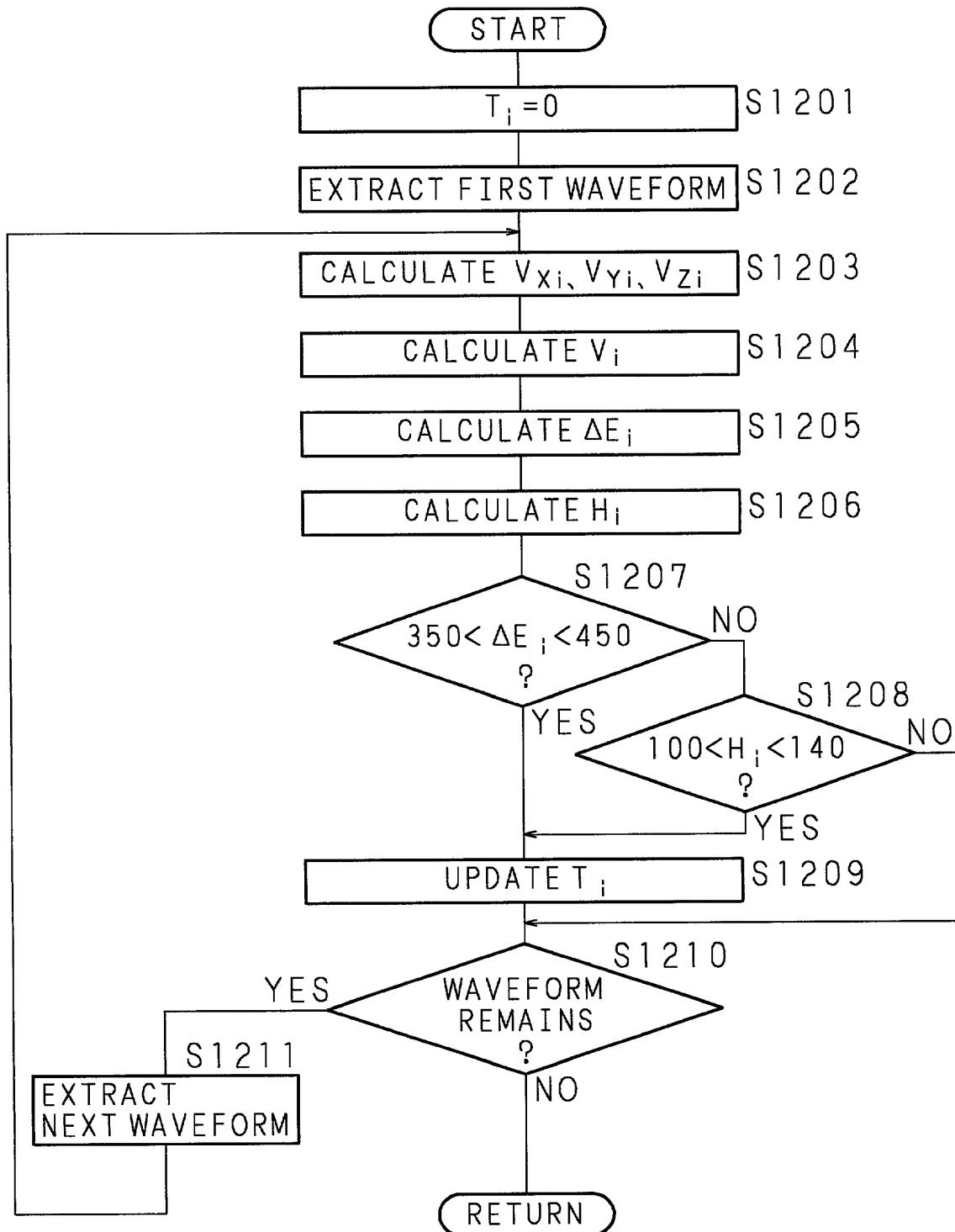


FIG. 15

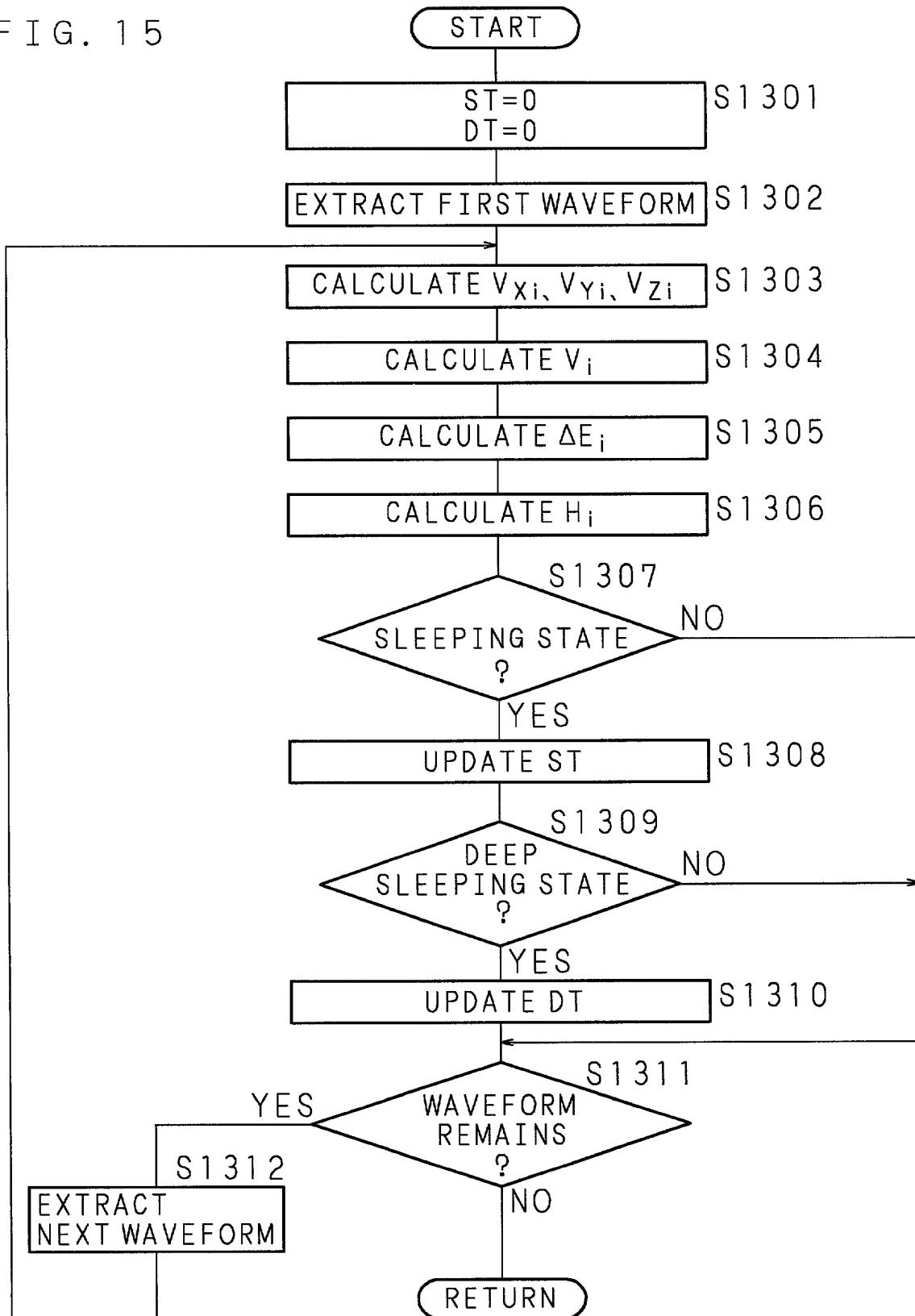


FIG. 16

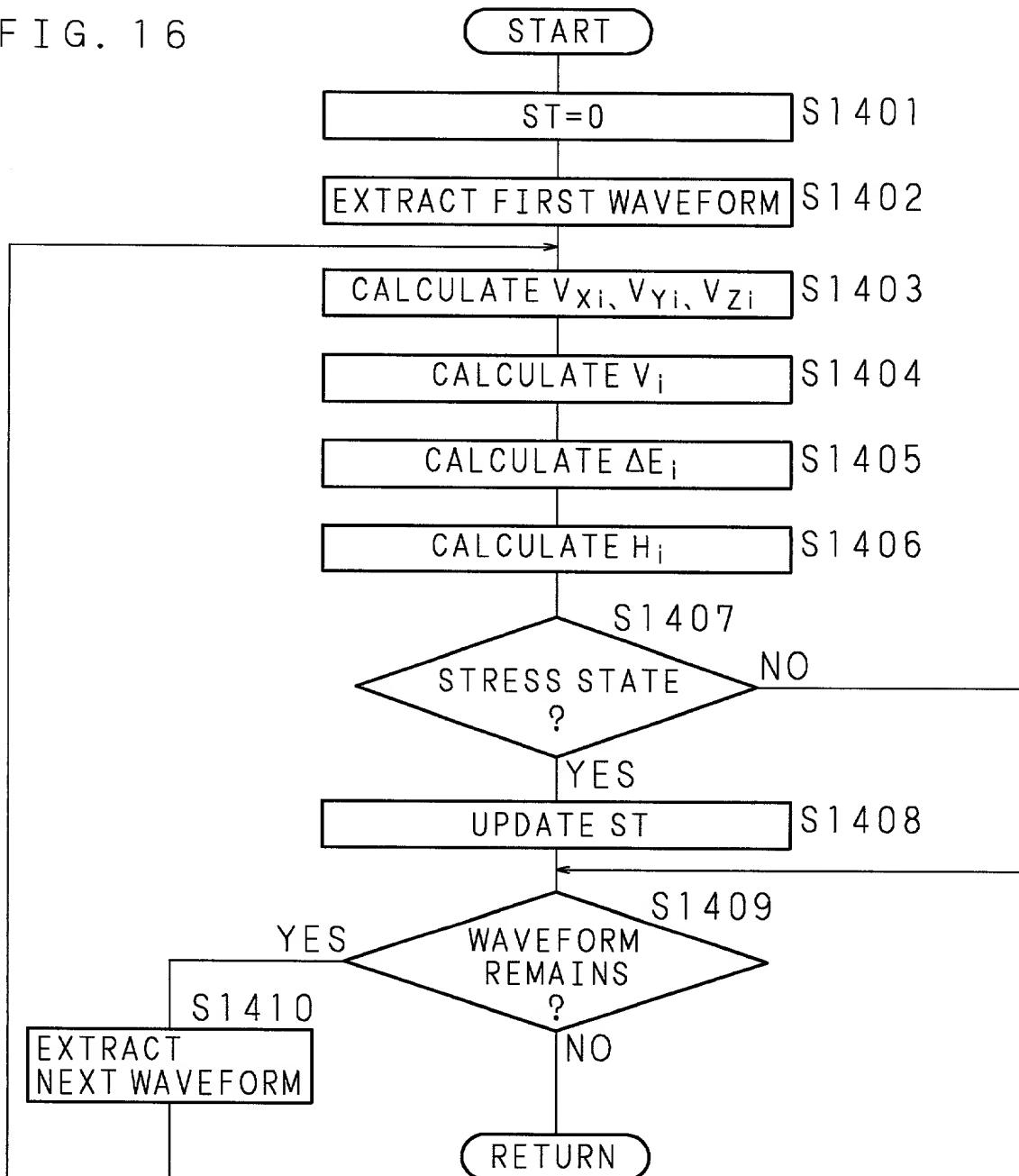


FIG. 17

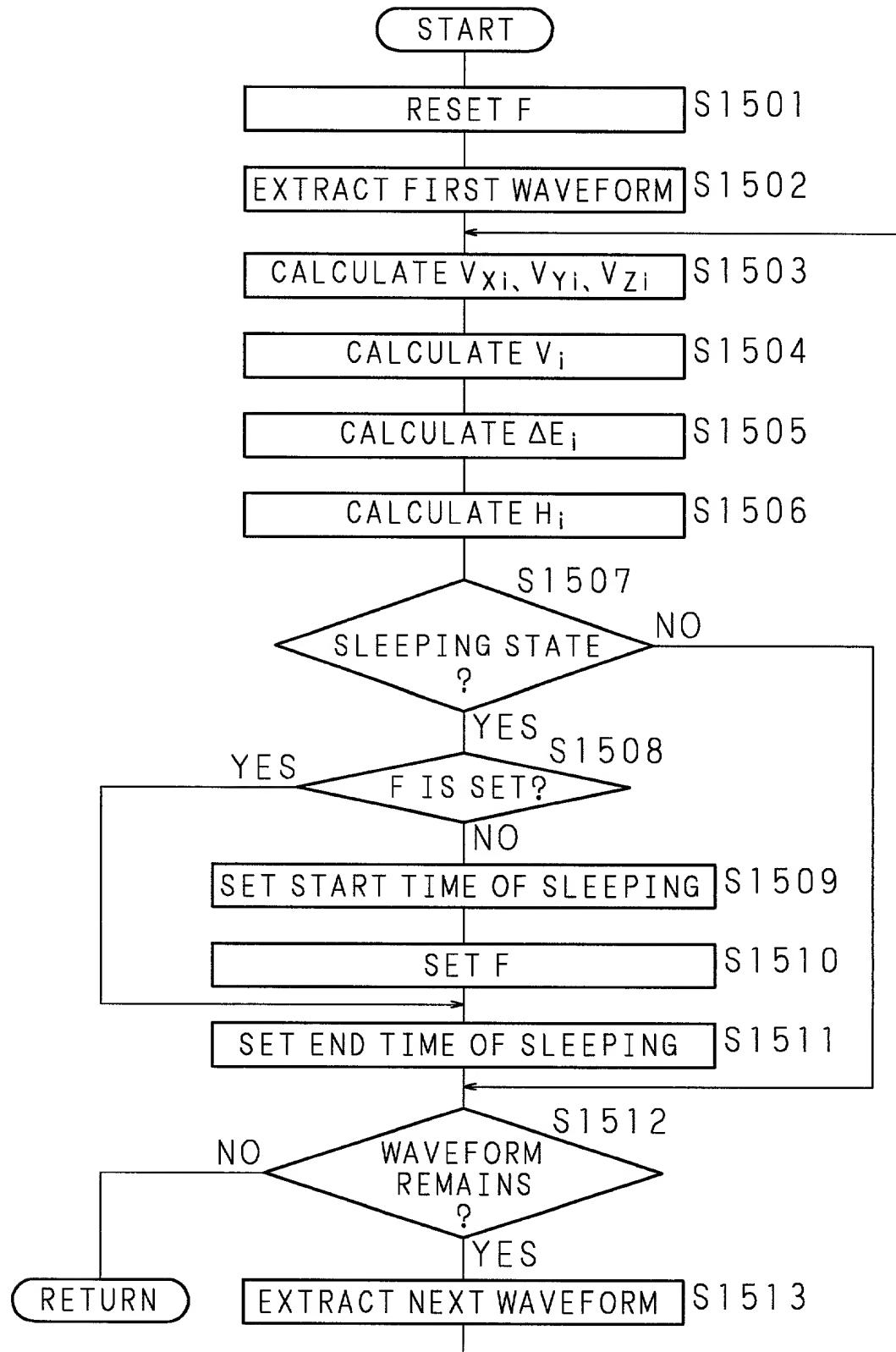


FIG. 18

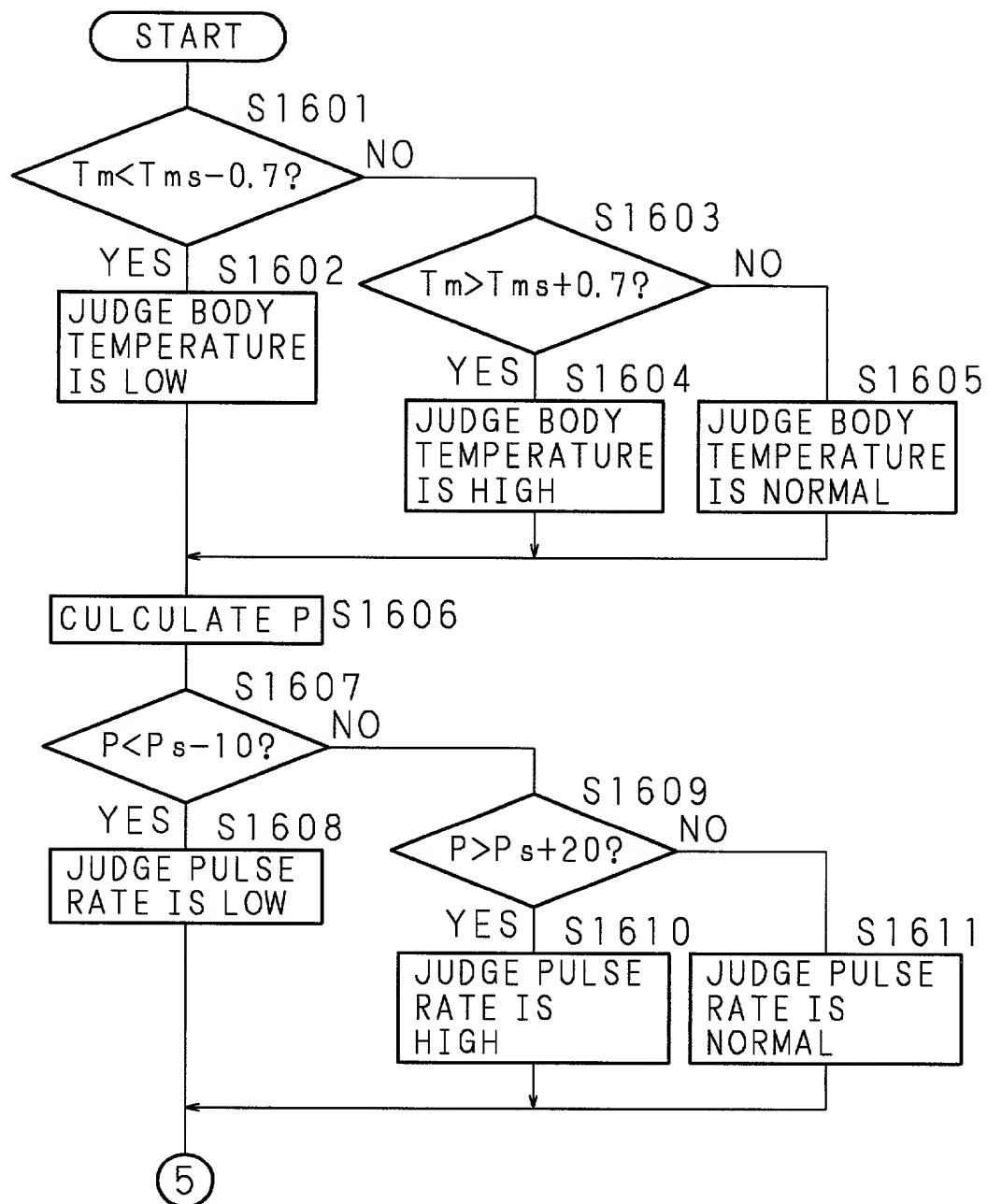


FIG. 19

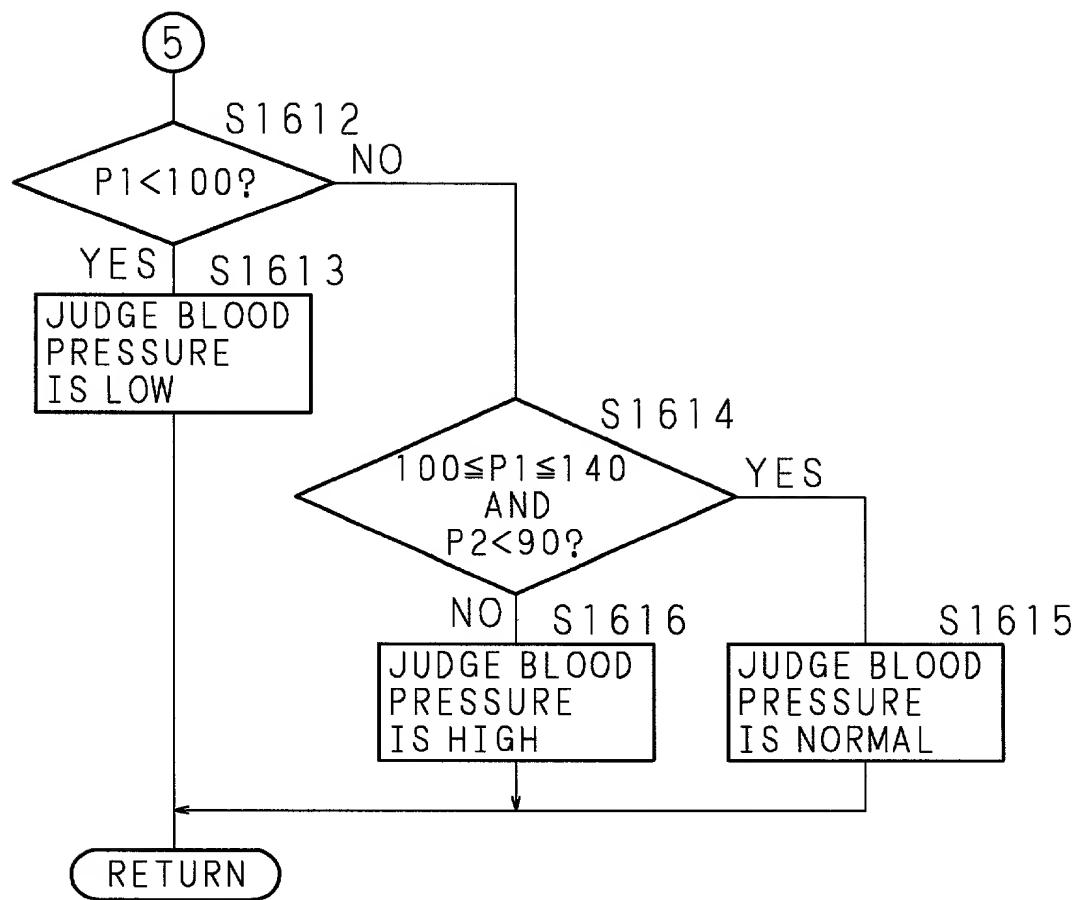


FIG. 20

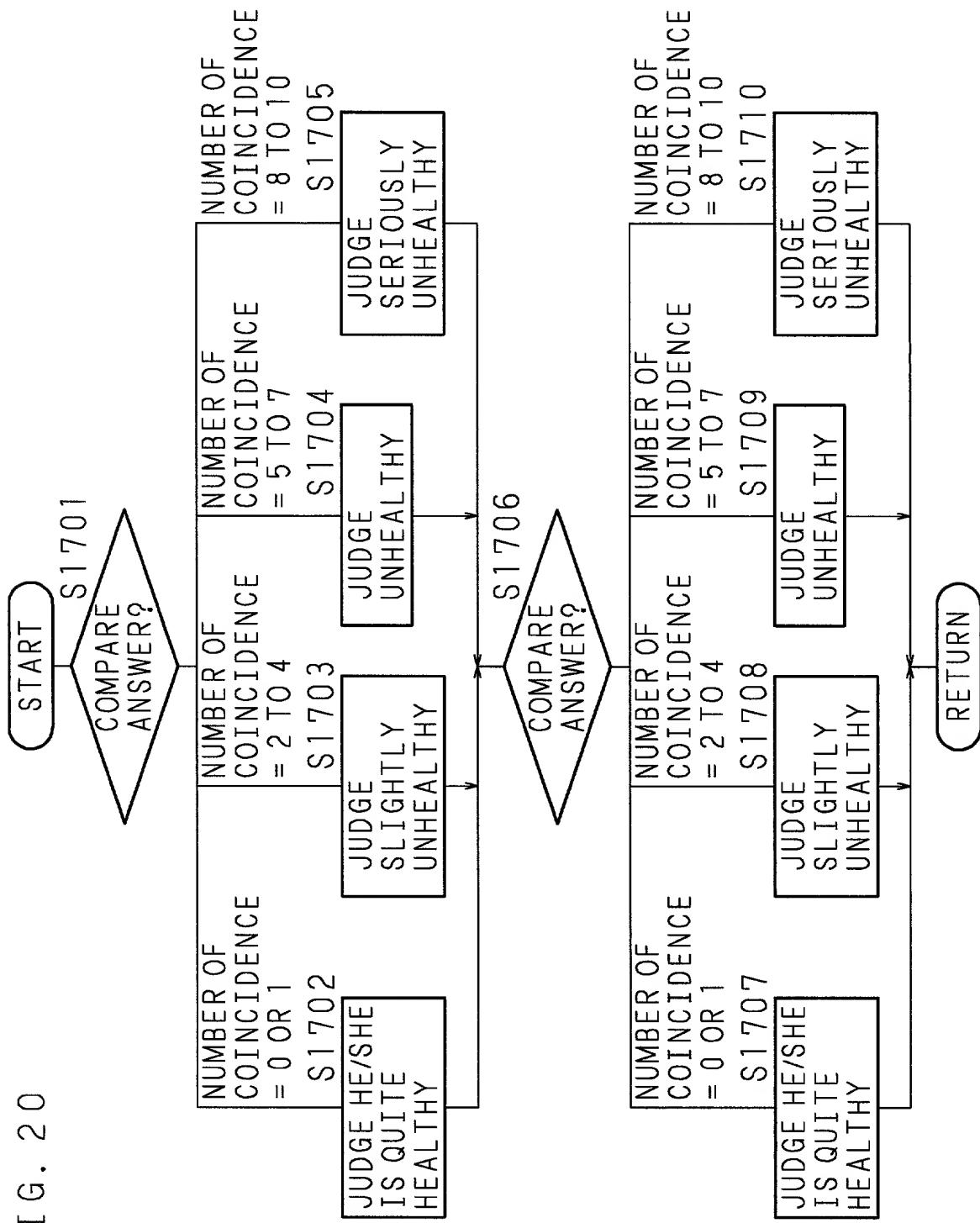


FIG. 21

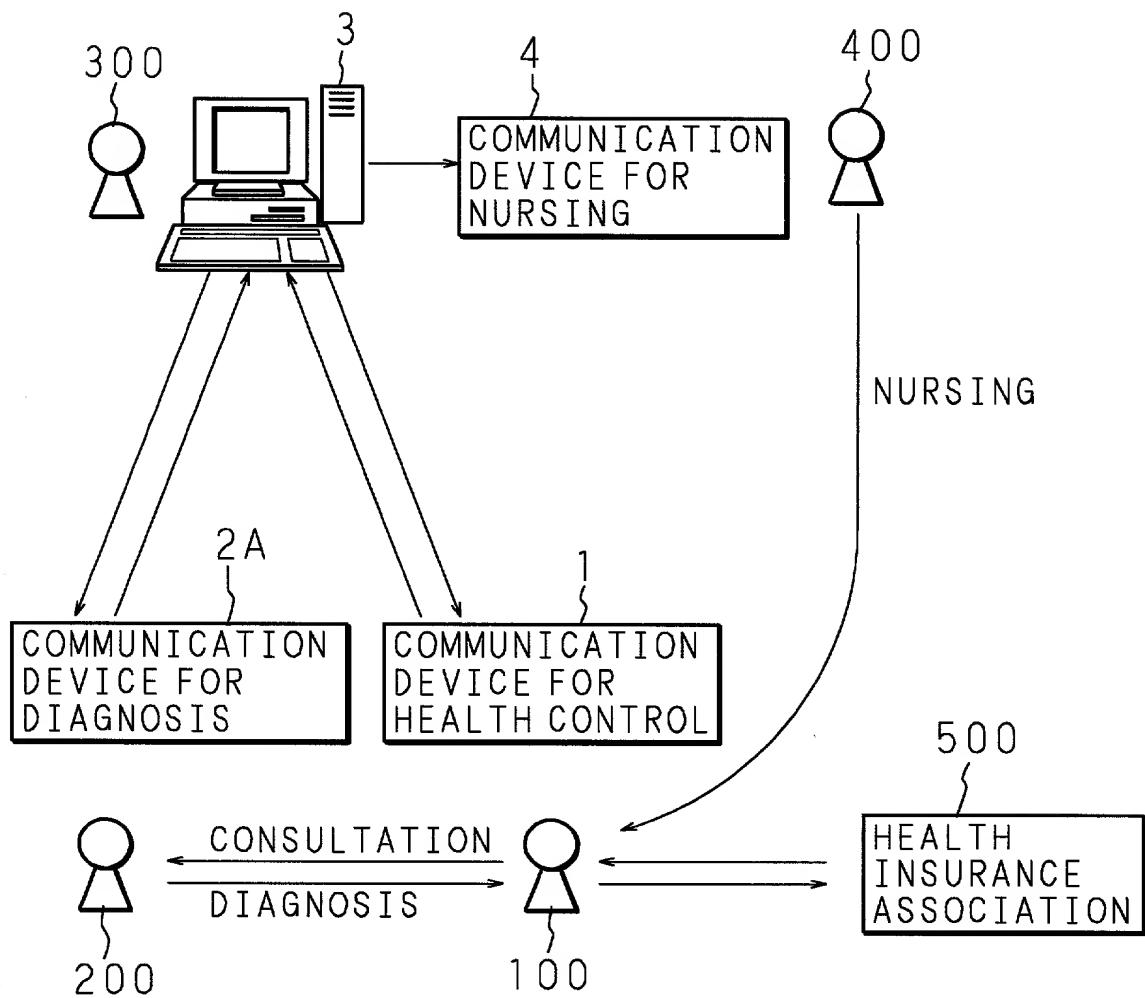


FIG. 22

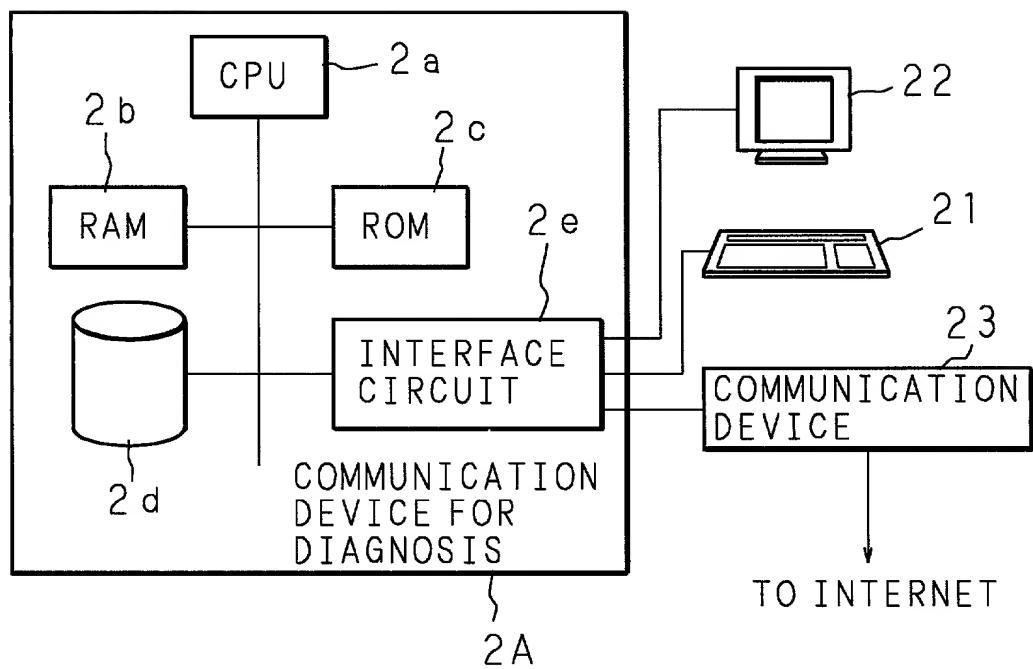


FIG. 23
 COMMUNICATION DEVICE
 FOR HEALTH CONTROL 1

{ INFORMATION PROCESSING }
 { DEVICE FOR DIAGNOSIS 2A }
 { COMMUNICATION }
 { COMMUNICATION FOR NURSING 4 }

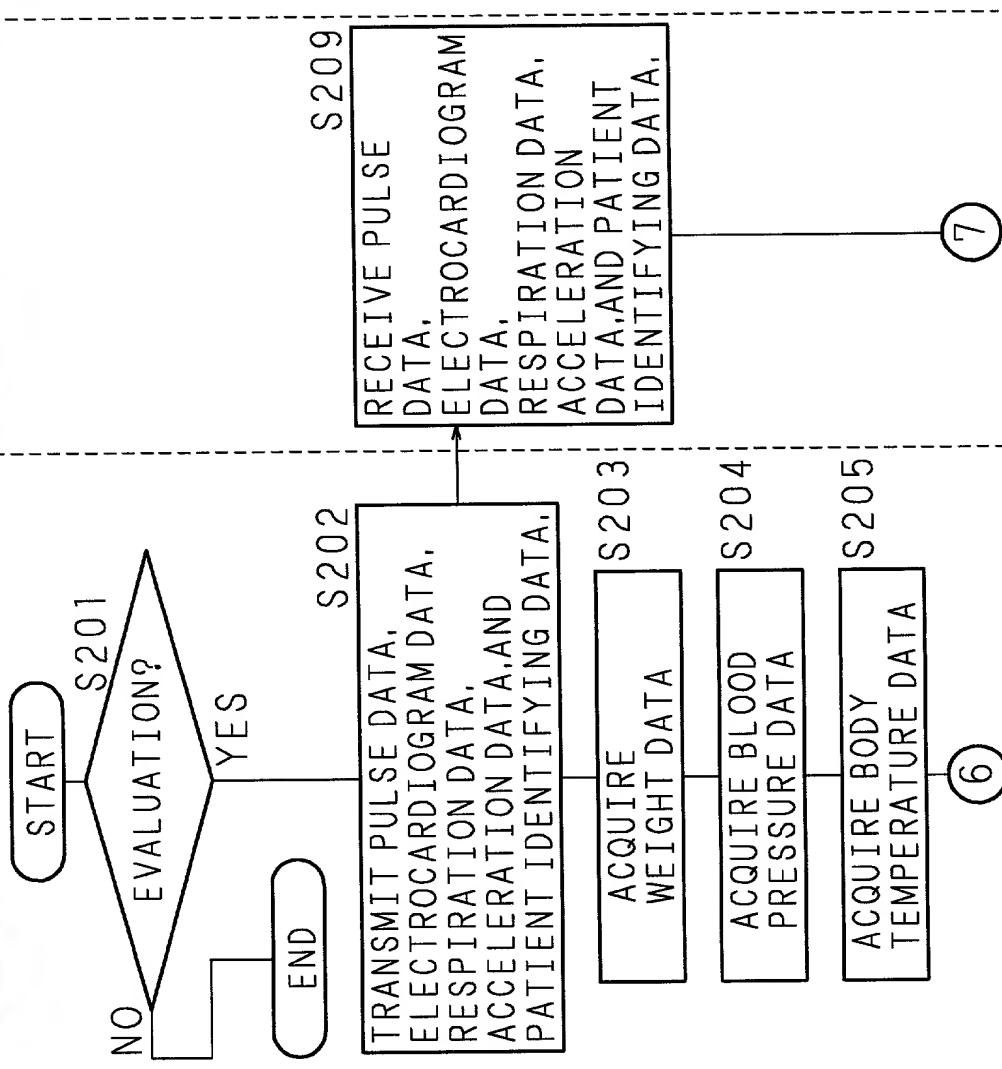


FIG. 24
COMMUNICATION DEVICE
(FOR HEALTH CONTROL 1)

(INFORMATION PROCESSING APPARATUS 3)

(COMMUNICATION DEVICE FOR DIAGNOSIS 2A)

(COMMUNICATION DEVICE FOR NURSING 4)

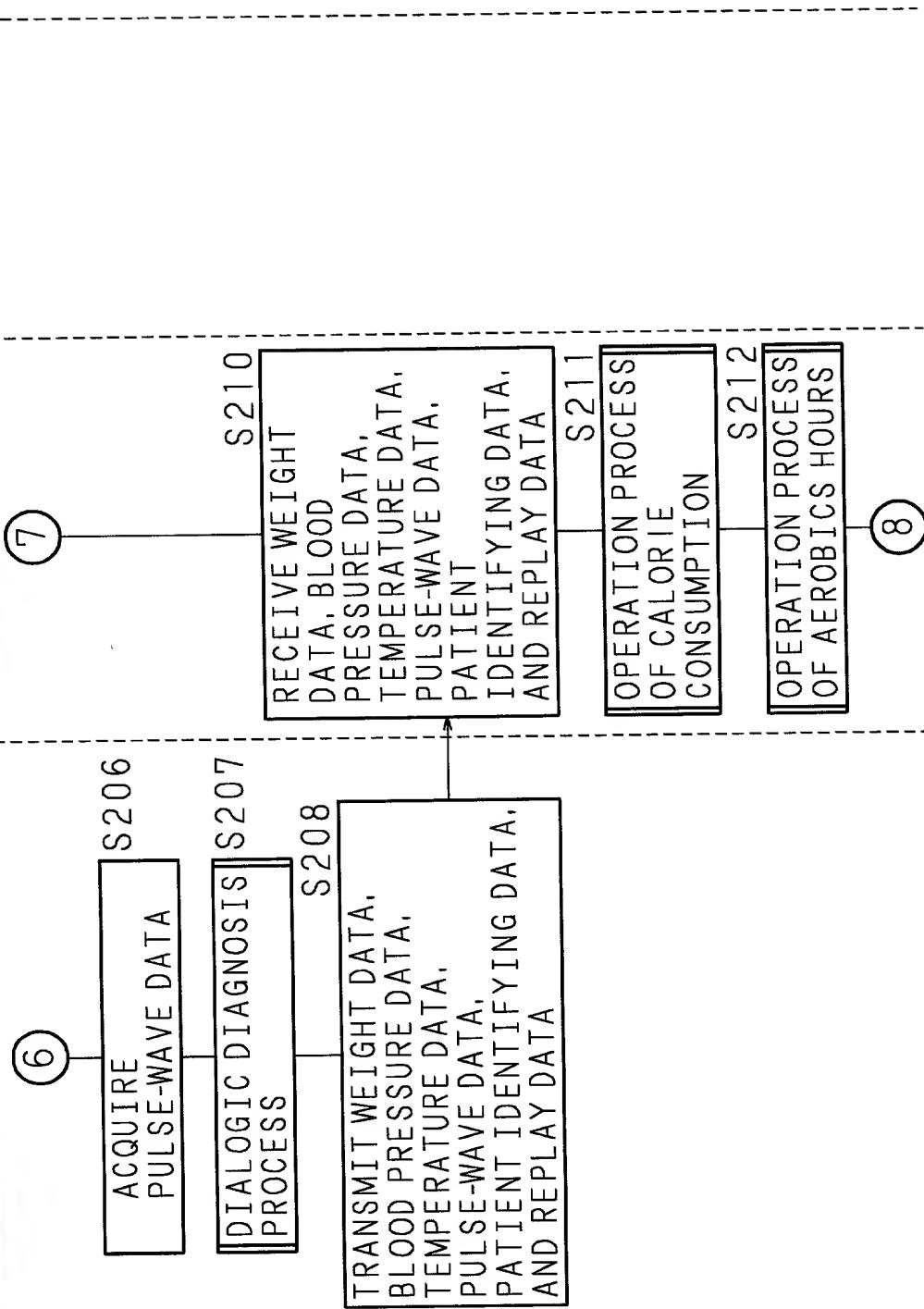


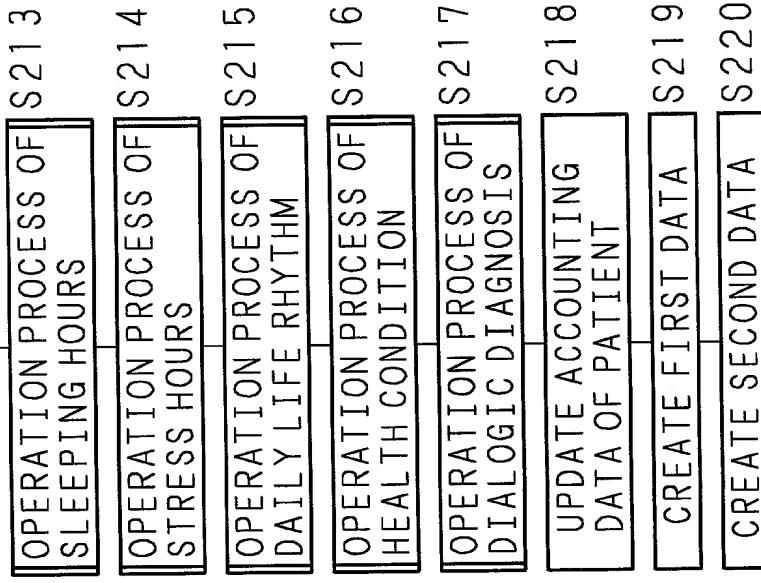
FIG. 25
/ COMMUNICATION
/ DEVICE
FOR HEALTH
\ CONTROL 1

{ INFORMATION
APPARATUS 3

{ COMMUNICATION }
DEVICE FOR
NURSING 4

{ COMMUNICATION }
DEVICE FOR
DIAGNOSIS 2A

8



9

FIG. 26
/ COMMUNICATION
/ DEVICE
FOR HEALTH
CONTROL 1

INFORMATION
(PROCESSING)
APPARATUS 3

COMMUNICATION
(DEVICE FOR
DIAGNOSIS 2A)

COMMUNICATION
(DEVICE FOR
NURSING 4)

⑨

S221

GENERATE
THIRD DATA

S222

TRANSMIT
FIRST DATA

S223

TRANSMIT
SECOND DATA

S228

RECEIVE
SECOND DATA

S229

OUTPUT
SECOND DATA

S226

RECEIVE
FIRST DATA

S227

OUTPUT
FIRST DATA

S224

TRANSMIT
THIRD DATA

S225

UPDATE ACCOUNTING
DATA OF NURSE

S230

RECEIVE
THIRD DATA

S231

OUTPUT
THIRD DATA

END